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Healing The Hallways: Survivors Of School Shootings Reclaim The Body And Academic Space Through Dance/Movement Therapy

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HEALING THE HALLWAYS: SURVIVORS OF SCHOOL SHOOTINGS RECLAIM THE
BODY AND ACADEMIC SPACE THROUGH DANCE/MOVEMENT THERAPY

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May 2020

Submitted in partial fulfillment
of the requirements for the degree of Master of Science in Dance/Movement Therapy
Sarah Lawrence College

ABSTRACT

As the number of school shootings in the United States accelerates, there has been a gap in conversation, debate, and the responses to these shootings. In the aftermath of a school shooting, the publicized conversations generally center around the shooter, the shooter's motivation, gun reform and prevention. Survivors of school shootings, in contrast, have been left in the dark. For those managing this unique trauma, it can be incredibly difficult to verbally express what they have experienced and how they have been coping. The magnitude and specificity of the trauma survivors of school shootings face calls for a therapeutic modality that encompasses both the body and mind as one entity. Dance/movement therapy is a psychotherapeutic approach to healing holistically, that values relationship building, human connection, emotional regulation, physical and mental health, as well as one's purpose and overall well-being. Dance/movement therapy gives the physical body a voice and uses movement as the main form of communication in the therapeutic process.

Keywords: dance/movement therapy; mass shootings, school shootings, body-mind; trauma; survivors

ACKNOWLEDGEMENTS

I would like to dedicate this thesis to anyone who has been affected by gun violence or felt unsafe on their school grounds, including students, teachers, school administration, and staff. To those who have felt silenced or unseen, please know that I see you.

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AUTHOR'S NOTE

Throughout writing this thesis, I have felt called to personally acknowledge the magnitude of this experience, as well as speak a bit about my own process in collecting this information regarding such great tragedy. What primarily sparked my interest in researching the unique trauma that survivors of school shootings endure, and what form of treatment may serve them, was the enormous amount of conversation regarding these incidents that surrounded me every day. Television, radio, social media, and newsletters seemed to lack true acknowledgement of what survivors live with after experiencing a school shooting. Instead, society speaks about school shootings by debating the politics behind it, perhaps as a way to make sense of these incidents. While this is a crucial discussion, I noticed survivors were being left in the dark. In the aftermath of a school shooting, the publicized conversations generally center around the shooter, the shooter's motivation, gun reform and prevention. I have not heard enough discussion regarding survivors, and what may help them cope with the aftermath of their experience. This particular trauma is quite different than others. I found myself wondering how survivors are coping with witnessing the senseless loss of their peers' and teachers' lives, as well as having their very own life in such unexpected danger in a place of learning, creativity, and safety. In this piece of writing, I have included survivor's voices in an attempt to center the reality of their experience, as it is very easy to read statistics or figures and only see numbers. In the several months I spent researching school shootings and how dance/movement therapy is applicable, this work took its toll on me. Each account was more challenging to absorb than the last, as I often completed this research on my very own college campus. All data was collected from September of 2019 through May 5th, 2020 and includes statistics available at the time. Though this emotional toll was great, I have felt a true sense of responsibility to dive fully into this work and

to not abandon my heart along the way. I invite you to join me in this level of investment as you read, by remembering the individual people behind every statistic you encounter.

The History of Mass Shootings

There is much debate centered around how to define a “mass shooting,” specifically a “school shooting,” in the United States. These incidents vary in number of victims, the shooter’s motivation, whether or not this was an act of terrorism, gang violence, or whether or not the selection of these victims occurred indiscriminately. Sources such as the Gun Violence Archive, the American Public Health Association, the U.S. Department of Justice’s Office for Victims of Crime (OVC), as well as several other advocacy groups and organizations, all choose to record any act of gun violence based on these variety of factors. There are a variety of definitions for all forms of gun violence including mass shootings, school shootings, murders, mass murders, homicides, unintentional shootings, home invasions, and defensive shootings. For the purpose of this thesis, the Gun Violence Archive will be referenced. This site is an online collection encompassing all acts of gun violence. This archive collects its information from over 6,500 law enforcement, government, commercial, and media sources daily, in order to provide current data pertaining to the United States’ acts of gun violence. The mission of this site is to provide public accessibility to gun violence data, to be used for research, discussions, and analysis pertaining to gun violence (GVA, 2019). This evidence-based research began in 2013 and is now updated almost simultaneously to incidents. This site also records the number of deaths, injuries, children and teenager involvement, and a suspect or officer’s involvement in a given incident. The Gun Violence Archive shows an increase of gun violence in the United States, except for a small decrease in 2018. In 2014, the total number of gun violence incidents was 41,007, increasing to 49,688 in 2015. In 2016, the total number of gun violence incidents was 56,723, increasing to 59,787 in 2017. In 2018, the total number actually decreased to 55,246.

All records are subject to change as the organization continues to collect and recategorize incidents while new evidence is recognized and confirmed (GVA, 2019).

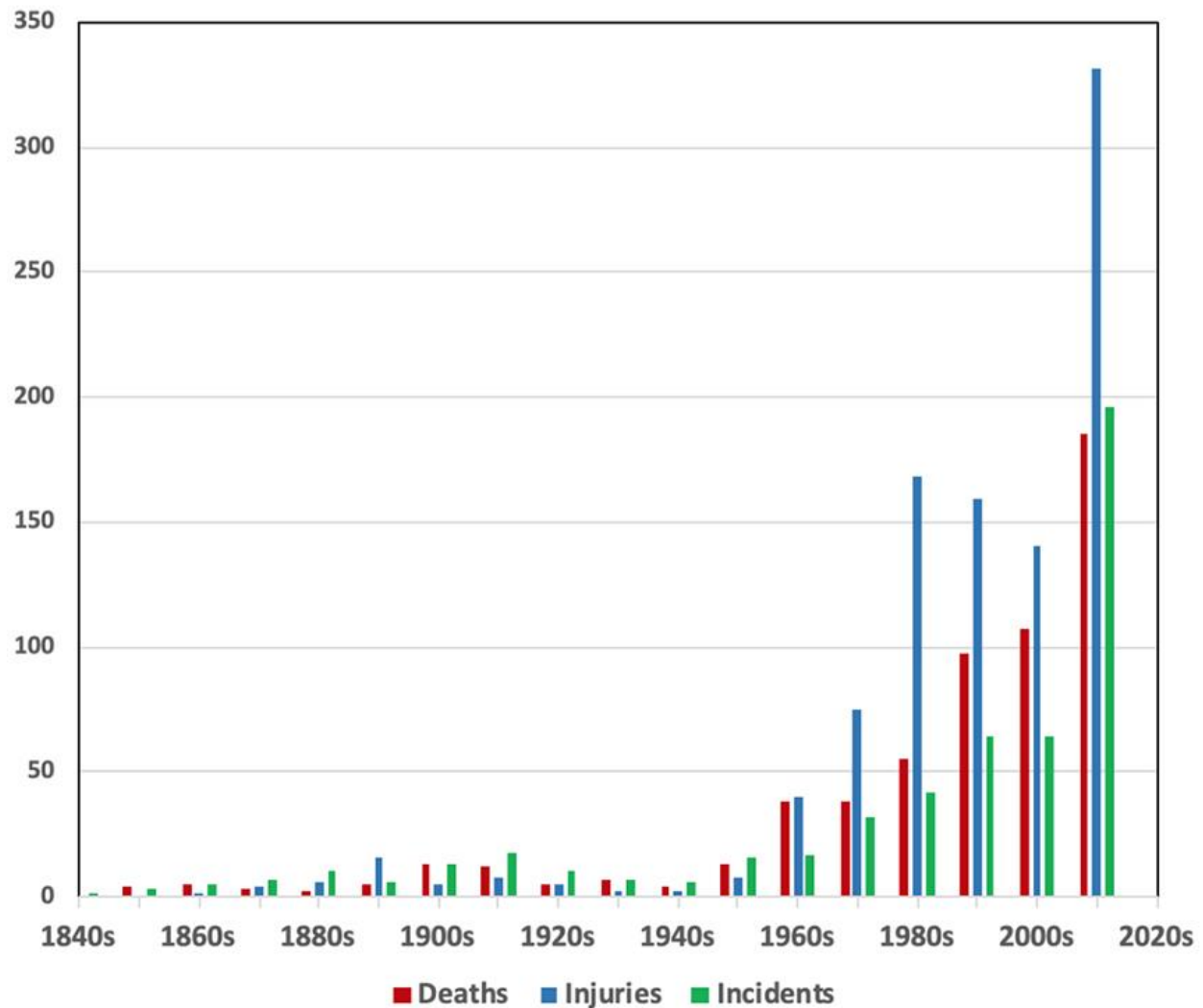
The Gun Violence Archive (2019) defines a “mass shooting” as four or more people shot and/or killed in a single event, at the same general time and location, not including the shooter. An incident is categorized as a mass shooting based purely on the numerical threshold. This site also reveals the growth in numbers of mass shootings every year. In 2014, there were 269 mass shootings recorded by the Gun Violence Archive; in 2015, there were 335. In 2016, 382 mass shootings were recorded, decreasing a bit in 2017 to 346 mass shootings, and in 2018 where there were 337 mass shootings in the United States. In 2019, there were 418 mass shootings total. The rate of increase is growing dramatically. The highest record keeping rate of mass shootings in the United States was in 2019. In researching the history of mass shootings, the two key elements that stick out within these horrific attacks are the magnitude of these killings (or how many deaths took place), as well as how frequently these acts are taking place in the United States. Densley and Peterson (2019) discuss mass shootings’ rate of increase over the years in the United States. Mass shootings were observed for a project supported by the National Institute of Justice. This institution is the research arm of the United States Department of Justice. The research took place for over 50 years, however in a total of 164 cases 20% of the shootings occurred in the previous five years (Densley & Peterson, 2019).

The History of School Shootings

In the United States, shootings in schools specifically first emerged in the mid 1800s. On Nov. 12, 1840, a law professor from the University of Virginia, Gardner Davis, was shot and killed by a student. Davis was shot by a student wearing a mask on campus, when he stepped outside his office to tend to a disruption he overheard. About 13 years later, schoolmaster William H. Butler was fatally shot by a student seeking revenge. The student believed that a punishment his brother received from Butler the day before the shooting was excessive and unjustified (Warburton, 2019). Since these initial incidents, the numbers of school shootings have increased dramatically. On December 14th, 2012, Sandy Hook Elementary School in Newtown Connecticut experienced a mass shooting that left 28 people dead; 20 of them were children. The United States has had 1,316 school shootings since 1970, and 18% of them occurred after Sandy Hook Elementary. The Sandy Hook Promise is a national non-profit organization, led and funded by several family members who lost loved ones in the Sandy Hook Elementary School's shooting of 2012. This organization describes school shootings as an American epidemic due to the rate in which these incidents are occurring. The amount of exposure to these incidents in the media is igniting a spread; the ideology of shootings has become infectious. Each school shooting seems to spur additional school shootings. Since the Sandy Hook Promise was created, 2,441 mass shootings have occurred in the United States.

As there is much debate centered around what is considered a mass shooting, there is debate also pertaining to what classifies a school shooting. The use of a gun on school property has been differentiated from a school shooting based on factors such as how many people were injured, how many people were killed, where exactly this took place, if a school was currently in session, and what educational institutions are classified to be schools. This is why consolidating a

specific number of school shootings, separate from the larger encompassing numbers of all mass shootings, is complex. The Gun Violence Archive (2019) defines a school shooting as an incident that occurs on the property of an elementary, secondary or college campus where there is a death or injury from gunfire. That includes playgrounds, sidewalks, stadiums, and parking lots. Incidents occur when students, staff, and faculty are present at the facility for school or extracurricular activities. Intent during those times is not restricted to specific types of shootings. Incidents that take place on or near school property when no students or faculty/staff are present are not considered school shootings. The Gun Violence Archive accounts for school shootings in the recording of mass shootings. Schools are, however, known as the second highest risk location where a shooting will take place (Reynolds, 2018). As the frequency of shootings rise, these infectious conversations about one school shooting after another, are contributing to the consideration of executing this act of terror and therefore creating an epidemic in the United States. Below, Figure 1 shows the rate of increase of school shootings encompassing all gun violence on school grounds, including college campuses.

Figure 1*United States School Shootings*

Responses to School Shootings

As the number of school shootings in the United States is quickly growing, there has been a gap in conversation, debate, and the variety of responses to school shootings. As illustrated above, even defining these incidents ignites a debate. The majority of the United States'

responses to school shootings typically centers around how we are classifying these incidents, which then leads to what is driving people to commit these acts of terror, and how society can prevent further incidents. This is where disagreements pertaining to the second amendment, civilian's ownership of specific weapons, correlation to mental illness, and what society expects from our government as these incidents are occurring more frequently, all arise. News channels, podcasts, radio stations, newspaper headlines, all call attention to the latest mass shooting, and discussions around gun violence awareness, state firearm laws, and the motivations of shooters. Additionally, preventative measures are discussed and include reforms to school buildings incorporating higher security, hiding places, and curved hallways.

Fruitport High School in Western Michigan, for example, invested 48 million dollars into remodeling their building, in an attempt to protect students if there were a school shooting. The school is constructed with curved hallways, a number of subtle hiding spots, doors with access control locks that can be activated by the press of a button or with a smartphone, impact-resistant windows, and administrative offices with a clear view of the school's main entrance as well as some hallways (Keeley, 2019). In addition to renovations of this nature, schools across the United States are participating in active shooter drills. These procedures are implemented to address an external threat of some kind, such as an active shooter attempting to enter the building. In this case, the school would enforce a complete shut down in which staff are told to close and lock all doors, move everyone in the room away from any windows or doorways, turn off all lights, and, lastly, prepare to blockade the door. Different from an external threat procedure, there are also specific methods to address a shooter who has already made their way into a school, which includes the run, hide, or fight, policy. This tactic instructs all students or faculty in the building to essentially decide how to respond to a shooter based on their own

judgment of the threat. These responses include running or getting as far away from the building as possible, barricading the door to the room you are hiding in, or confronting the shooter and fighting (Cohan & Herald, 2019).

As the demand for active shooter drills in the United States increases, students are being greatly impacted by how realistic and frightening these drills can be. Many drills involve fake guns, bullets, blood, and even dead bodies. There is also not always a warning when these drills will occur. Active shooter drills are said to be quite anxiety provoking and may cause a severe traumatic response in those participating (Cohan & Herald, 2019). Active shooter drills can cause participants significant distress, yet even so, are being viewed as very much necessary. Several schools are adopting these preventative measures as school shootings are taking place so frequently. Ironically, the implementation of such intense preventative measures has become traumatizing to students, while the effectiveness of these drills has not been clearly established. This is another example of conversation that is being had about school shootings, while there is very little discussion happening on how a survivor is impacted and specific forms of therapy they may benefit from.

Another approach to prevention of gun violence has been to raise awareness of these incidents. One attempt to raise awareness was the release of a New York based company's sweatshirt line. ABC News explained that the hoodies were designed with fake bullet holes and displayed the names of four school locations that experienced a school shooting. These names included Columbine, Virginia Tech, Sandy Hook, and Marjory Stoneman Douglas. Though the goal of these hoodies was to bring awareness to the subject of school shootings, a large amount of reactions to the sweatshirts were quite negative (Hartworth, 2019). As necessary as it is for the media to speak about/raise an awareness of issues such as these, there needs to be a larger focus

on how survivors are being reintegrated into society and not forgotten after an incident occurs. This story is yet another example of how society is choosing to respond to school shootings. This entire clothing line was released to bring some level of awareness to the issue, while there is still not enough being done for the survivors of these very incidents. Our focus as a society is not being aimed in the right direction. What is currently being discussed about school shootings is incredibly significant and crucial to shed light on, however, the lack of focus on survivor's treatment as well as feeling seen and heard, must be tended to.

Mental Health of Perpetrators and Victims

Mental health is relevant beyond the scope of perpetrators. The public agenda is more focused on the mental health of the shooter, which takes precedence over the mental health of survivors living with this trauma. After a mass shooting and/or school shooting occurs, the media searches for reason as to why the perpetrator(s) would commit such an act. One of the common ways to rationalize the actions of a shooter, is to label the individual(s) as mentally ill. After mass shootings in Ohio and Texas in which 31 individuals died, President Trump proclaimed, "mental illness and hatred pull the trigger, not the gun," (ABC News, Bhuyan, 2019). The idea that mental illness is the leading factor in mass shootings is entirely unsupported by evidence. Studies show that the majority of individuals with a mental illness are non-violent. One study found that only 7.5% of crimes committed by people with a mental illness were directly related to symptoms of their disorders. When individuals hear of crimes committed by someone with a mental illness, which are typically large headline-making offences, they are very memorable and become stuck in people's minds. However, the vast majority of individuals with a mental illness are not dangerous, violent, or criminal (Bray et al., 2014). This demonstrates that a perpetrator of a school shooting is not necessarily mentally ill, as the majority of mentally ill individuals are

non-violent. This is another hot topic centered around school shootings in today's society. This also brings in the aspect of diagnosed versus undiagnosed mental illness. While debate around whether or not perpetrators are mentally ill is being discussed in today's society, the issue of undiagnosed mental illness is a vital factor. A perpetrator may not have had access to mental health services, perhaps never sought these services, or simply has not been formally diagnosed with a mental illness. This does not mean they are necessarily in good mental health; one is not definitive to the other. Regardless of diagnosed versus undiagnosed mental illness, the United States views mental illness as an excuse for illegal or violent behavior. Mental health is dismissed and ignored as opposed to acknowledged, treated, and managed. The mental illness trope is consistently raised because it is easier to blame school shootings on characteristics of an individual rather than system problems in society, such as promotion of violence and easy access to guns. While the mental health of the shooter is certainly important, this distracts from the plight of survivors.

With the focus on the motivation of the shooter, the mental state of survivors is absent in discussions regarding school shootings, which can arguably be stemming from a deeper problem; the lack of true understanding of mental illness, and the unwillingness to invest in treatment opportunities. A silence is created around what happens to survivors of school shootings and how they can be uniquely treated. What happens to the students and faculty members who made it out of the building, and how do they continue to live a life after their body and mind experienced a trauma of this magnitude? There is currently no unique methodology specific to treating survivors of school shootings in the United States. Conversation and debate spark too frequently around areas that do not recognize survivor's need for a specific form of treatment. This is a shortcoming in today's media coverage, but even more so in how the United States

views mental health and trauma recovery. In the year of 2012, over 350,000 individuals with existing mental health conditions were imprisoned, while 35,000 people were getting treatment in inpatient psychiatric facilities funded by their state. Budgets for mental health services are also the first cut when facing economic hardships, for example the five billion dollars worth of mental health services being cut from 2009 to 2012 in the United States. The National Survey on Drug Use and Health, recorded in 2012, showed 60% of adults with diagnosed mental health conditions were currently living without treatment (Staff, 2015). These findings are contributing factors to how mental health is viewed in the United States, and how little the country values mental health services and resources. This is directly connected to the pressing issues of survivors of school shootings feeling silenced as well as society undervaluing their mental health after experiencing this trauma. This is an issue far beyond this specific population. There is a pervasive idea that those who have a diagnosed mental illness or are seeking mental health resources or treatment, are weak, abnormal, or perhaps dangerous. The stigma surrounding mental health in the United States prevents survivors from seeking help, as well as quiets those around them in asking questions about their well-being. There is a significant stigma placed on people living with a mental illness, and this stigma is particularly strong in individuals with PTSD. Individuals with PTSD are portrayed to be incompetent, dangerous, impulsive and unpredictable. Individuals with a PTSD diagnosis may worry about being hospitalized if they voice their struggles, as well as feel ashamed and/or embarrassed. The fear of being labeled is so intense that several victims choose to hide what they may be experiencing after significant trauma (Relevant & Keegan, 2018). Although this stigma is present, there is more contributing to the silencing of victims. School shootings are extremely specific traumatic events, in which school administrators, counselors, families, and friends simply are not equipped to intervene.

Survivors of a school shooting are in need of more than a PTSD diagnosis, and treatment that has been used in the past for those diagnosed with PTSD. The specificity of this traumatic event taking place in what should be a safe space is a major part of what makes addressing this trauma so challenging.

Post-Traumatic Stress Disorder

Kim (cited in Fagan, 2016) describes mass shootings as a first-line disturbing and traumatic event for those who are directly exposed, in which children specifically are much more vulnerable. Childhood trauma may lead to lifelong effects on a young developing psyche. This could include a child's physiological systems, such as how they cope with feelings of anxiety and pressure. PTSD is a common mental illness that individuals who experienced a traumatic event, such as a school shooting, may suffer from.

The impact of a school shooting is significant and can be damaging to overall mental health and well-being. A child feeling secure and protected is a vital stage in psychological development. When those feelings are stripped away either in a child's home, perhaps within a relationship with caregivers or friends, or on school grounds, this lack of safety can be detrimental. Living in a constant state of anxiety and fear after experiencing a significant trauma puts children at a high risk for developing PTSD, anxiety disorders, mood disorders, and several other mental health conditions (Fagan, 2018). The school setting of these incidents is a crucial factor in long lasting effects on victims, especially children. For a child, a school is meant to be a place of security. A school is meant to be a framework for intellectual exploration, socialization, and development of one's self identity. Violence on school grounds where developing children are vulnerable, is a meaningful aspect of this particular trauma that calls for unique therapeutic interventions. The aftermath of a trauma on school grounds may include nightmares, anxiety,

lack of sleep, refusing to return to school, feeling fearful, uneasy, unsafe, depressed, lonely, regression in academic performance, incapacity to trust, changed eating habits, anger, hyper-vigilance, guilt, and perhaps an inability to verbally express emotions and feelings. These behaviors and symptoms could be precursors to Post-Traumatic Stress Disorder, Acute Stress Disorder, or delayed Post-Traumatic Stress Disorder (Fagan, 2018). A child's sense of control is also stripped away when loss is experienced unexpectedly through the death of peers and educators/mentors.

A school shooting is a combination of death, brutality, suddenness, and complete lack of control for a child. A school is also a place a child is expected to return to. An individual with a PTSD diagnosis who is avoiding a school setting will be deprived of social interaction and access to their education. The presences of PTSD also causes great discomfort because traumatic memories manifest as intrusive thoughts. This makes it challenging to feel present, focused, and could also interfere with sleep. Lastly, hyperarousal, a common symptom of PTSD, occurs when the state of panic that the body entered during the negative experience is now the stage that an individual is living in. Feelings of paranoia, anxiousness, and fearfulness are not comfortable states to chronically be in (Fagan, 2018). Living in this state displays the existence of trauma being held in the body.

Survivors' Voice and Impact on the Body

It turned into total survival mode. There were two girls sitting by the back door to the classroom, and they said, 'Let's go now.' I had no idea where I was. I had no idea that I had even been shot yet. Outside, I started running. There's a brick wall, anywhere from seven to nine feet tall, and there is a gate that you could climb up, but there were people crowding it, so I just decided, I'm going to get over this wall. And all in one motion, I got

up and over the wall. Somebody was running past me, and I asked them real quick, 'Whose blood is this?' And they said, 'It's yours. It's yours. You have a bullet hole in your neck.' And I couldn't believe it because, how am I running, how am I talking? School shooting survivor, Rome Schubert, age 16 (Soule & Schonbek, 2018).

Everyone was trying to flee for their lives. As I'm running, a young lady falls and I had to help her back to her feet. That's when I felt a real bad burning sensation in my neck. And then another one in my shoulder blade. I remember laying on the ground, trying to figure out, 'why can't I get up?' Me being a three-sport athlete, playing basketball, football, running track, used to being able to do whatever I want with my body. School shooting survivor William Thomas, age 18 (Soule & Schonbek, 2018).

I tried to scream, but blood came out. My hand was spurting blood too. It looked like the scene from *The Crow*. Then I pretty much passed out. I woke up a couple of times. My friend Shelly had my head in her lap, and she was crying and saying, 'Don't fall asleep. Don't die on me. Don't give up.' I remember thinking, 'oh, you're so dramatic, Shelly. I'm fine. I just want to go to sleep. I'm cold.' School Shooting survivor Jennifer Ryker, age 17 (Soule & Schonbek, 2018).

A school shooting directly poses a threat to the physical body; it is in immediate danger when this crisis strikes. The body-mind connection works as one system; when there is a threat to one, the other is impacted as well. The Autonomic Nervous System is made up of two branches: the Sympathetic Nervous System and Parasympathetic Nervous System. The Sympathetic Nervous System activates a discharge of adrenaline from the adrenal glands which

increases the transportation rate of blood cells to the muscles to provoke a quick response in a threatening situation. Heart rate will increase rapidly which will also cause an increase in blood pressure and muscle contraction (Van Der Kolk, 2015). The Parasympathetic Nervous System acts as a modulator response to the heightened blood pressure and heart rate caused by the Sympathetic Nervous system. Acting in opposition to the Sympathetic, the Parasympathetic Nervous System relaxes muscles, dilates blood vessels to lower blood pressure and ultimately slows heart rate. Both systems regulate the Flight or Fight response within the body, with the Sympathetic inducing it, and the Parasympathetic reducing it (Cherry, 2019). The fight or flight response can also be referred to as the acute stress response, being a physiological reaction that takes place when a threat is encountered physically or psychologically. This triggers a hormonal release that organizes the body to make a quick decision. A choice is made to face the threat, or to flee to protection (Cherry, 2019). When the body is in this state, while there is some level of cognition playing a role, there is not a great deal of processing and/or breaking down information before taking action. Choices are not mediated by cognition when coming face to face with a danger. After the removal of a threat, it's natural to consider why a choice was made or what could have been done differently to reach a better outcome.

While the Sympathetic Nervous System triggers the body's fight or flight response, the Parasympathetic Nervous System maintains states of rest and digestion. Ideal bodily functioning in everyday life is maintained by the Parasympathetic Nervous System. This includes bodily functions such as bladder control and decelerating of the heart rate (Cherry, 2019). The Autonomic Nervous System's two branches essentially work like the brake and gas of a car. When one becomes necessary, it is activated while the other is not. The mind is taking in information from our environments, processing what it could mean, and the body acts

accordingly. The autonomic nervous system functions by absorbing data from the environment as well as from different body parts. When the body encounters a threat, the Sympathetic Nervous System is activated. In many cases, the stress response to a given situation is beneficial. It tells the body how to protect itself when a threat is near. This reaction may lead to a better outcome when one is endangered, because the goal is to remove oneself out of harm's way. The fight-or-flight response is critical for survival; when gearing up to face danger, this response serves as armor (Cherry, 2019). However, this is not always possible. An instance such as a school shooting is a life-threatening emergency in which one may not be equipped to fully protect themselves. There is only so much one can do to survive this trauma; because of this, this trauma will be carried in the body until addressed and processed. "The challenge of trauma treatment is not only dealing with the past but, even more, enhancing the quality of day to day experience. One reason that traumatic memories become dominant in PTSD is that it's so difficult to feel truly alive right now. When you can't fully be here, you go to the places where you did feel alive – even if those places are filled with horror and misery," (Van Der Kolk, 2015, p. 73). Trauma living in the body hinders the ability to feel present, because traumatic memories are so overwhelming in everyday life. Therefore, when a trauma survivor does feel a sense of living in the moment, they are generally pulled back to the experience where they felt most intensely alive, or most present. This is what makes a full sense of existence in everyday life so challenging, and why trauma survivors cope by avoidance of painful memories

Traditional Therapy Limitations

As addressed above, trauma proves to be extremely debilitating to one's well-being. More traditional therapeutic approaches emphasize verbal processing, which can be challenging for trauma survivors.

We have a very hard time talking about this [now]. We don't know how to talk about it.

There are things that I want to know but can't bring myself to ask him. He doesn't use the word shooting or killing. I don't know if other families talk about it. We go to therapy.

For a long time, we didn't say anything, because I thought it would do more damage to him. What do you say? You try to still live. I am so grateful that William got to come home. But [so many] of his classmates didn't. It's unfathomable," (Soule & Schonbek, 2018).

This is an example of a survivor of a school shooting and their parent, struggling within the limitations of traditional verbal therapy. A dance/movement therapist would utilize the body to communicate what is too frightening to speak about.

If our physical bodies experience trauma, it is only sensible to use the body as an outlet in confronting repressed and unresolved emotions. Speaking about a trauma can be severely challenging and, in some cases, retraumatizing. The use of words can be overwhelming, and this fear could lead to the silencing of survivors and further repressed emotions. It is also quite possible that the verbal explanation of any trauma and the emotions surrounding it, could be misunderstood or judged. Coping with any suffering looks dramatically different on everyone, therefore how someone is managing could feel abnormal, or like nobody will understand. When a traumatic event occurs, those who did not experience the trauma may place expectations on a survivor to feel or behave a particular way. Coping with trauma is complex and on one individual could present as depressed, anxious, or fearful, while another individual may present as feeling angry or guilty. Managing the feelings and emotions following a trauma is a unique process for every person.

Feelings surrounding a past trauma are also challenging to express verbally because the trauma occurred through the body. The body is with us during every life experience, and sensations are felt on a body level. In an attempt to confront repressed emotions, the body must be considered in treatment. Movement enables an individual to tap into sensory processes and face repressed emotions in the most raw and authentic way possible. In doing so, dance/movement therapy allows a release and processing of unwanted emotions to occur on a body level. Through expressive movement, conscious breathwork, and an awareness of one's physical being, one can communicate through an entirely different modality. This is where true healing begins. Dance/movement therapy is a unique methodology that focuses on the body-mind connection. This is crucial in any healing process, as our bodies are the vehicle through which we live.

What is Dance/Movement Therapy?

Dance/movement therapy emerged in the early 1940s. Pioneers of the field, some of whom were dancers, were curious about the benefits of using movement and dance for overall mental and physical well-being. Dance/movement therapy is a somewhat new therapeutic approach within western civilizations. However, movement has been known to be therapeutic and useful in overall health for many years, as cultural dance has been valued in several areas of the world throughout history. This psychotherapeutic approach to healing holistically integrates the body, mind, and spirit. Dance/movement therapists believe these parts of our being are all interconnected. It is a form of psychotherapy that values relationship building, human connection, emotional regulation, physical and mental health, as well as one's purpose and overall well-being. (American Dance Therapy Association, n.d.).

This therapeutic modality can be used in a variety of populations such as schools, hospitals, mental health facilities, inpatient/ or outpatient psychiatric care, nursing homes, rehabilitation facilities, hospice, correctional facilities, and more. Given that dance/movement therapy is used in so many facilities with a variety of populations, there are key tenets and premises in dance/movement therapy that are generally valued throughout this work. One tenet is to expand an individual's movement repertoire, as to then expand their emotional expression. This is based off of this notion of inseparability between the body and the mind, therefore, using the body as the vehicle for expression will lead to emotional benefits.

Dance/movement therapists utilize movement observations skills and body language analysis to better understand an individual; a dance/movement therapist considers more than what someone is sharing verbally. By reading the body's expressions, posture, shape, tone, and movement qualities, a dance/movement therapist gains meaningful information about an individual's unconscious in order to access repressed emotions. A dance/movement therapist takes notice of what is present in the body and assesses what is potentially absent. For example, a survivor of a school shooting may experience feelings of depression after their experience, perhaps stemming from survivor's guilt. This individual would likely show an overabundance of passive weight and lightness in the body. This could present as gentleness or faintness in the body, with an indirect focus and inert presences. This individual may benefit from accessing a sense of assertion and strong active weight in the body. An intervention to access these qualities could be feeling the difference between two bean bags; One bean bag would be heavier than the other. Feeling the weight of the two bean bags in each hand and recognizing the difference, is a way to meet an individual where they are at while also exposing them to what appears absent in the body. A dance/movement therapist may then prompt an individual to embody lightness based

on the way the light bean bag felt in the body, in comparison to the other. Light movement paired with indirectness could be evoked with scarves, as they possess lightness moving through the air and do not have clear directional movements. They move freely through space. This is the dance/movement therapist meeting the individual where they are in the body. To explore less familiar movement qualities, the heaviness, strength, and directness felt in comparing the weighted bean bag to the lighter bean bag, could be enhanced with the banging of drums. This will elicit strong weight to produce a sound, with the direct focus on this particular prop; in turn, accessing strong weight in the body.

The purpose of introducing movement qualities that do not appear prevalent in the body to individuals, is a way of expanding one's movement repertoire. Finding ways to elicit different movement qualities, particularly qualities that are not being observed in the body, will lead to an expansion in emotional expression. As the expansion of emotional expression grows, verbal processing may also become more accessible.

Another main premise in dance/movement therapy is the use of movement as a language. This is supported by early experiences in utero, where movement and nonverbal communication begin and continue throughout one's life. Dance/movement therapy values nonverbal language just as much as verbal forms of communication. This leads into another main premise of dance/movement therapy, that movement is a primary form of communication that we all share. Though various cultures differ in body language, cultural dance, and body-based social norms such as touch and eye contact, dance/movement therapy values the shared experience of being in one's body and how lived experiences impact an individual not just mentally, but on a body level. The body is the vehicle in which we live our experiences through. This is incredibly important to consider in any therapeutic process. Verbal therapy is limited in this way, because

the whole person is not being considered. Dance/movement therapy is often misunderstood, as the term “dance” may convince an individual that a certain skill set is required, or that there is no verbal processing. Dance/movement therapy can be done in the form of groups or as a one to one with the therapist and client and appears different across the wide variety of populations.

Therefore, every session will look different from another and is far more complex than simply dancing with one another. One session may include a great deal of stillness, in which the mood of the group is in a more meditative state with a relaxing tone. Another group may focus on connection, in which participants may engage with props such as parachutes, an octoband, a buddy band, balls, and scarves to expand their movement repertoire and connect to those around them. Another dance/movement therapy group may incorporate high intensity music that evokes a great deal of movement from participants, to shift or enhance their mood. A group could also explore mindfulness, breathwork, or stretching the body. All dance/movement therapy groups will vary depending on tone, the population, the setting, participants’ capabilities, and what the goal in the therapeutic process is.

Dance/Movement Therapy Reclaims the Body & Academic Space

As dance/movement therapy techniques and interventions are explored in this discussion, it is essential to consider these practices as a starting point. Survivors of school shootings, likely a very delicate population to even begin working with, is an exceptional group in terms of possible re-traumatization. This is due to the consideration of age, setting, and magnitude of trauma. Young developing children, adolescents, as well as teens require a safe setting, specifically, a secure learning environment, in order to maintain overall well-being and mental health. Dance/movement therapy in this setting serves as a beneficial starting point and also allows room for tremendous development and future explorations. A dance/movement therapist’s

specific work in valuing the body-mind connection, will serve this population's reintegration into everyday life as students. Something incredibly specific about this trauma is the typical return to the school building itself, after a trauma has taken place there. This is a significant factor to consider in working with survivors of a school shooting, and it is one of the reasons why a dance/movement therapist can serve as an effective crisis-based therapist in beginning treatment for this population. The beginning goal in this scenario is crisis management. Dance/movement therapy often incorporates the physical environment into the therapeutic process. A student is entitled to a sense of security while being at school. When this feeling of security is disrupted and a student can no longer trust their learning environment, the incorporation of the school itself in treatment is appreciated. This is where a feeling of ownership and/or taking back what was previously a respected place, can serve as a shared experience among survivors within the therapeutic process. Simply being together and experiencing what it feels like to share an experience, even before re-entering the school, is therapeutic in itself. Bringing dance and movement into a space that experienced such horror, can be an outlet to reclaiming the physical structure that is a student's school. Movement is an outlet for someone to freely express heartache, fear, or anger, in the space that impacted students so significantly. As survivors go deeper into this therapeutic process, while still sensing that shared experience among the group, this modality can also bring an indescribable feeling of support, relief, and joy in being and moving with one another. Dance/movement therapy will grant survivors the freedom and the power to take back what was once theirs and redefine what that shared space now means to them.

Beginning work outside of a school, to bring an awareness to the present moment and being consciously in the body is a useful starting point before highlighting an awareness of a survivor's surroundings. This is an introduction to begin experiencing the body as a place to call

home. When this sensation is explored through movement, an individual's renewed relationship to their body will serve as a feeling of safety. This will eventually aid in the re-entering of the school. This reclaiming of the body is a key tenet in dance/movement therapy. When a threatening event occurs, our bodies are put in danger and can feel unlike our own as we cope with trauma. This is similar to how a survivor's school grounds may feel unlike their own as well. A major consideration in implementing this modality, is that bringing our consciousness to bodily sensations may trigger an individual to return to that traumatic experience.

Dance/movement therapy can feel extremely intimate. This is why timing throughout treatment is crucial. When to begin holding sessions in the school setting, how deep into awareness of bodily sensations a group will experience, and getting feedback from individuals in terms of what a group is ready to explore should be greatly considered and managed sensitively.

The body can also feel like a private place even in those who have a positive perception of their body. This, as well as an adolescent's feelings or perception about their body, will be an element in dance/movement therapy that requires sensitive navigation while working with a younger population. Using a body-based therapeutic process with those who have experienced such great tragedy and loss, and are holding those experiences in the body, is complex and multifaceted. The nature of dance/movement therapy leaves space for a participant to have an intimate experience in one's own skin. To bring awareness to the body can be empowering, inspiring, and freeing. At the same time, this awareness can trigger overwhelming feelings or memories of the traumatic event. The dance/movement therapist appreciates that experiences live in the body and allows those difficult emotions to be faced in a safe environment. Every part of life is felt and experienced in the body; it is a place we can never leave. A young individual's

self-esteem regarding the body as well as the presence of significant trauma, will be a major factor to consider in this therapeutic process.

As previously mentioned, the body enters a fight or flight survival mode. Within the autonomic nervous system, we have a sympathetic nervous system (fight or flight) and parasympathetic nervous system (rest and digest). Because trauma is so influential on the body, trauma survivors will remain in this fight or flight mode in which the sympathetic nervous system is activated, until unresolved feelings and emotions are directly confronted through the body. When danger strikes, our breath becomes shortened, rapid, and shallow. This is because the body is in a state of survival mode, and the sole focus is to escape the threat. During this time, breath is very much unconscious. Therefore, when there is unresolved trauma, the body remains in this state, causing severe discomfort for the individual. When in this state, breathing takes place predominantly in the chest as opposed to the stomach, where breathing can be deepened.

Dance/movement therapy incorporates conscious breathwork in working with the body. Becoming aware of one's breath sends a message to the mind as well as the body, hence the body-mind connection. This is a message of safety, stress relief, tension release, and relaxation. To experience a truly deep, conscious breath, one technique is to inhale through the nose and allow the stomach to fill with air. One then holds the air in the stomach for a moment and releases a long-lasting exhale through the mouth. This experience can be enhanced lying flat on the floor, faced up. To stay aware of each breath, a hand can be placed on the chest as well as the stomach in order to feel the difference between air filling the stomach as opposed to the chest. As this is practiced more frequently, the number of seconds for the inhale, the hold, and the exhale, can increase little by little. This breathing technique, the diaphragmatic technique, focuses the

mind, relaxes the body, and brings awareness to one's breath. Diaphragmatic breathing helps lower blood pressure and heart rate, and has been proven to reduce symptoms of PTSD specifically. Deep breathing activates the two branches of the autonomic nervous system; the sympathetic nervous system and parasympathetic nervous system work in a counter balanced manner. Adrenalin plays a role in speeding up the heart, until the parasympathetic nervous system is activated upon exhaling. This activation consciously slows the heart. This technique, for example, can be used when somebody suffering from PTSD is experiencing a flashback and the heart rate is climbing.

Dance/movement therapy is used in a variety of settings, as well as a variety of age groups. Survivors of school shootings are not limited to just kindergarten, high school, or college students. Any school ground could experience this tragedy. Though dance/movement therapy's adaptability to work with a variety of ages is a major strength of this modality, certain techniques or interventions will certainly be more fitting for one age group compared to another. An intervention such as breathwork and meditation could be much more suitable for young adults, rather than a kindergarten class. Interventions vary in dance/movement therapy because groups have different needs and interests. Children may benefit from a variety of games to evoke movement, or imaginative play. An older age group potentially taking place on a college campus, could include these interventions to experience a sense of playfulness and joy, but it may also include an intervention that a younger age group would not be able to entirely appreciate. Certain abstraction, symbolism, perhaps prop representations, or in general an overall synthesis of felt emotion and movement experiences may not be processed in quite the same way. This is not to say dance/movement therapy with a younger age group does not have the potential to enter a meaningful place. The imaginative and exploratory minds of children bring a

true sense of magic to a session. This sense of joy being offered to an older age group is also a possible intervention to use in an attempt to feel silliness and freedom. Anything is possible, and what may seem fitting for one age group may ignite something invaluable in a group in which the intervention was not intended for. Though adapting this modality depending the age group could be challenging, the flexibility in this form of therapy opens many doors.

The idea of grounding oneself in the body is also valued in dance/movement therapy. Feeling grounded in the body is a sensation that can occur in several different ways. Breathwork is one way to experience feeling grounded, or in other words present, stable, and safe. This feeling grounded also incorporates one of the main tenets in dance/movement therapy: the here and now. This alludes to the importance of being aware of where you are in the moment and experiencing that moment through the body. Grounding the body and this here and now theme, are interconnected in this way. Bringing an awareness to what's going on in the room by incorporating the five senses can help give the body a sense of feeling grounded. Props may also be useful in grounding oneself. Participants often times participate in dance/movement therapy sessions beginning in a circle formation, in order to see everyone in the group, feel seen themselves, and sense connection to one another during the experience. This formation promotes grounding as well. Feeling grounded can also be introduced by simply catching a weighted ball. Allowing the body to feel weight and pressure promotes a stable and anchoring feeling on a body level, in turn encouraging the idea of here and now in the mind.

Dance/Movement Therapy & Trauma

Dance/movement therapy considers the long-term impact trauma has on both the body and the mind, and how the connection between the two could potentially be disrupted. For those managing trauma, it can be incredibly difficult to verbally express what they have experienced,

or how they have been coping. This therapeutic modality gives the physical body a voice and uses movement as the form of communication. Memories and/or flashbacks that could be too challenging to speak about, can be expressed through movement. In doing so, repressed emotions often arise and are communicated without words. This allows trauma survivors to navigate complicated sensations and feelings to better understand how they are coping with their experience (American Dance Therapy Association, n.d.). Dance/movement therapy addresses the body's lived experience. Trauma in many cases leaves an imprint on the physical body, which may manifest in chronic pain, loss of sensation, posture, and body language. This is the very reason why traditional forms of verbal therapy and its lack of consideration for the body, is limiting. This is why dance/movement therapy is also used for children struggling with trauma, as expressing repressed emotions and experiences can feel exposing and frightening. Requesting that a child verbalizes a traumatic experience is not realistic for each victim and may create the idea that therapy is far too difficult and intimidating. Conceptualizing a traumatic experience can be challenging even for adults, therefore even more demanding for a child. Naming complex emotions is also quite demanding of a child as their capacity to process experiences has not fully matured, even more so when trauma alters brain development.

Traumatized children undergo altered brain development and sudden changes in externalized behavior (American Dance Therapy Association, n.d.). Van Der Kolk (2014), explains that trauma may cause brain circuits to redirect, the thalamus, which regulates sleep, alertness, and consciousness to shut down, and the amygdala to become hyper-vigilant. This can serve to repress a memory or an unwanted emotion. Stress hormones are then secreted directly into the bloodstream, continuously. This causes trauma survivors to often live in a state of anxiety and strain. When the autonomic nervous system works continuously too hard, physical

complications and illness may arise (Van Der Kolk, 2014). Martinec (2019), acknowledges the impact trauma has on the physical body and values this holistic approach within the therapeutic process. Dance/movement therapy with trauma survivors emphasizes creativity and artistic creation in the healing process, while also fostering new insight and potential coping tactics. Some of Martinec's (2019) work with trauma survivors consists of relaxation techniques such as describing calming therapeutic images, facilitating symbolic expression of self, exploring the embodiment of felt emotions, discovering new ways of being or interacting, encouraging self-discovery, enhancing the mental connectedness to one's body, and learning how to be present in the physical body and/or moment. One theoretical concept that supports the use of dance/movement therapy with survivors of trauma is somatology. Its foundation is rooted in the body serving as a mediator, through which traumatic material is being received and processed.

The body plays the role of a container in which trauma gets stored. Because of this, somatology values the body as a critical resource in order to reach a place of well-being for an individual and to let go of unwanted traumatic influences (Martinec, 2019). Somatology is a body-focused therapeutic approach to healing that is exceptionally useful for individuals with PTSD. It integrates the psychotherapeutic process and awareness of the body in order to experience inner sensations on a physical level. This unique approach does not ask an individual to explain traumatic memories, but rather invites the body to experience and increasingly tolerate high arousal that is being brought on by the engagement of traumatic memories. Often an individual will be asked to focus on their traumatic experience or a part of their experience, and their autonomic nervous system and overall bodily reactions are monitored closely. Individuals are also asked to pay close attention to the physical reactions that surface. When an individual experiences either the recovery of a memory or perhaps faces a repressed memory, there is often

a change in posture, body language, facial expression, and potentially physical pain arises. A somatic therapist intervenes with physical techniques such as breathing exercises, meditation, movement, or massage to calm the individual who sensed the traumatic experience on a body level (Brom et al., 2017). Several techniques implemented by somatic therapists exist in the practice of dance/movement therapy, as the two works are closely related. Both account for the body in treatment and therefore utilize the physical self as a resource.

Dance/Movement Therapy Techniques & Interventions

Dance/movement therapist Rina Kornblum developed the “4 Bs,” explored in her book titled, “Disarming the Playground.” Much of Kornblum’s work in the field focuses on violence prevention in schools, therefore many of her interventions center around de-escalation and pausing to process feelings, emotions, or bodily sensations. This is applicable to survivors of violence in a school setting as survivors are coping with a variety of feelings as they reintegrate themselves back into daily life, among their peers. The 4 Bs stands for break, breath, brain, and body. This technique is used specifically for children to self-settle and ground themselves in their body. This technique may be used when a child appears to be emotionally dysregulated or is simply in need of a calming exercise. This is a useful technique for when and if dance/movement therapy sessions begin to take place inside the school. It is a way for the body and mind to reset and organize what is happening. This technique begins by placing the hands together and pressing into each other firmly, symbolizing the break. This first motion is a way for the body to feel a sense of stabilization and pressure, to break either the unwanted feeling or behavior that is present. The second motion is the breath in which two deep breaths are taken with the arms raising above the head. This allows for the rib cage to expand in order to deepen the breaths, in turn slowing the heart rate. The third motion is to place both hands overlapping each other on top

of the head. This is the brain portion of this technique, in which one would tell themselves something reassuring in being safe, at peace, or okay. This could be something such as, I am okay, or I can calm down, as a way for the mind to send a message to the body through the body-mind connection. This motion of applying pressure to the head could also be incredibly grounding and soothing. The last B stands for body, in which the arms are folded over the chest overlapping one another and applying pressure by lightly squeezing the arms. This is another motion to feeling a sense of grounding, and to notice if breathing has slowed. This 4B technique can be done more than one time if breathing has not slowed or if a sense of calmness has not yet been reached. This can be a useful intervention in a dance/movement therapy session, inside the classroom, or outside the classroom when symptoms of PTSD arise. This idea of the here and now that is so heavily valued in dance/movement therapy is present in this technique. These gestures with the body along with verbal affirmation not only calls to the body-mind connection, it also brings the physical self as well as the mental self in the room. It brings one's attention, awareness, and consciousness into the space through the physical use of the body (applying pressure, touching the head, etc.).

Survivors of school shootings could use this technique as needed, while they reintegrate back into everyday life. Dance/movement therapy allows room for growth and building, and so reentering the school itself could be a part of the therapeutic process.

Moving into the Future

A major goal throughout treatment is for students to eventually return to school while feeling a sense of safety in the environment, but also within their body. Feeling safe and at home in the body is essential for overall well-being. We can never leave the body; we do, however, encounter different environments in life. Feeling connected to our physical selves is a sensation

that serves as armor when the exterior environment is out of our control. What can be controlled includes everyday practices that bring a healthy awareness to the body-mind connection, including meditation or regular breathing exercises.

Dance/movement therapy elicits the reclamation of the body as well as the academic space. It enables survivors to feel reminded of their school grounds as their space for learning, creativity, originality, and freedom of expression. Dance/movement therapy ignites a true sense of power in individuals to reclaim both their body and the space they move through. Giving survivors of school shootings a safe space to express what they have lived through on a body level, will give them a sense of power over what the future looks like for themselves. This experience does not have to be lonely, and it does not have to be isolating. The unique methodology that is dance/movement therapy promotes connection to other survivors that is indispensable.

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